

ELIGIBILITY GUIDELINES FOR SECOND INJURY REHAB BENEFITS

Program Goal: The goal of the rehabilitation program is to restore the injured worker as soon as possible and as nearly as possible to a condition of self support and maintenance as an able bodied worker through physical rehabilitation.

Eligibility Criteria:

- Must be a seriously injured employee as determined by the treating physician, or as determined by the Division based on a review
 of the medical records.
- Generally, a serious injury demonstrates a marked decrease in mobility and or function of any body part and requires physical rehabilitation for restoration of function.
- · The Division offers the following as examples of serious injuries, but does not limit eligibility to specific injuries or body parts.
 - amputation of hand, arm, foot or leg
 - severe crushing injuries
 - head injuries
 - back injuries not amenable alone to recognized medical and surgical treatment
 - atrophy due to nerve injuries
 - debilitating burns
 - multiple traumas
 - quadraplegia
 - paraplegia
- · Therapy must be provided by a facility certified by the Division.
- · Therapy must be ordered and received for a minimum of 2 consecutive weeks at least two time per week.
- · Failure of the injured employee to participate in prescribed therapy will result in denial of benefits.
- Approval of benefits is for up to twenty weeks. If the injured employee requires rehabilitation treatment beyond twenty weeks, the
 case will be reviewed for continued Second Injury Fund benefits.
- A request for consideration of eligibility may be initiated by the Division or any of the involved parties.
- In all cases considered by the Division for Second Injury Fund physical rehabilitation benefits, the recommendation for eligibility of the attending physician will be considered.
- It is intended that the injured employee receive the Second Injury Fund benefits during the course of rehabilitation treatment.
- During rehabilitation treatment, the injured employee must be making continued progress toward rehabilitation goals. This program is not designed to be a maintenance program.
- The Division recognizes that there may be times, due to disputes and/or lack of notice to the Division regarding the eligibility of the
 injured employee, that the injured employee will have completed the course of treatment prior to the payments being processed. If
 payment is made after the treatment is completed, the payments will only cover the timeframe that the injured employee was
 actually in therapy.
- The Division must have jurisdiction over the underlying workers' compensation case.
- The burden of proof regarding eligibility is on the injured employee. If there is no response from the healthcare provider regarding treatment, the injured employee or his or her attorney must provide medical records to substantiate eligibility.
- If the injured worker is denied benefits, he or she has the right to appeal to the Division Director in writing.